



**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES
AND CONTRIBUTIONS REPORT**

FORM ORG

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

HAWAII STATE ETHICS COMMISSION
1001 Bishop Street, ASB Tower Suite 970
Honolulu, Hawaii 96813
(P.O. Box 616, Honolulu, Hawaii 96809)
Telephone: (808) 587-0460
Fax: (808) 587-0470
email: ethics@hawaiiethics.org
web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

07 MAY 14 AM 11:30

For lobbying reporting period: Contact person Stephanie E Savage Phone (808) 243-0021
[☒] January 1 - last day of February Organization Ballard Family Mortuary Inc.
[☐] March 1 - April 30 Mailing Address 440 Ala Makani Street Kahului, HI 96793
[☐] May 1 - December 31
Year of Report 20 07

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 1,256.54

EXPENDITURES

| Category | Total Amount | Category | Total Amount |
|--|--------------|-------------------------|--------------|
| 1. Preparation & distribution of lobbying materials | | 7. Entertainment | |
| 2. Media advertising | | 8. Food & beverages | |
| 3. Telegraph, telephone and other forms of telecommunication | | 9. Gifts | |
| 4. Postage | | 10. Loans | |
| 5. Compensation paid to lobbyists | | 11. Other disbursements | |
| 6. Fees (other than to lobbyists) | | TOTAL EXPENDITURES | |

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

| Name | Address | Compensation paid |
|----------------|--|-------------------|
| Oren Chikamoto | 700 Bishop St. Honolulu, HI 96813-4187 | \$ 1,256.54 |
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EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
| | |
| | |
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| | |

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
| | |
| | |
| | |
| | |

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

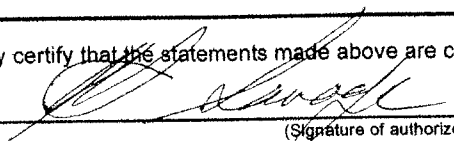
| Name & Address | Amount or value |
|----------------|-----------------|
| | |
| | |
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PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



(Signature of authorized person)

May 2, 2007

(Date)

Name of authorized person (type or print) Stephanie E Savage

Title of authorized person Office Manager